



Medicaid Transportation Program

OCTOBER 2011



- Personal Mileage and Bus
- Commercial Transportation Services
- Specialized Non-emergency
Transportation (Wheelchair Van) Services
- Ambulance
- Travel Attendants



Mountain-Pacific Quality Health

The State contracts with MPQH to administer the
Medicaid Transportation Program.

MPQH performs medical reviews and prior authorization for non-emergency travel.

The Administrative Rules of Montana (ARM) govern the decisions made by MPQH on the use of Medicaid funds for transportation services. <http://www.mtrules.org/>

1-800-292-7114 Toll Free, Voice Mail 24/7

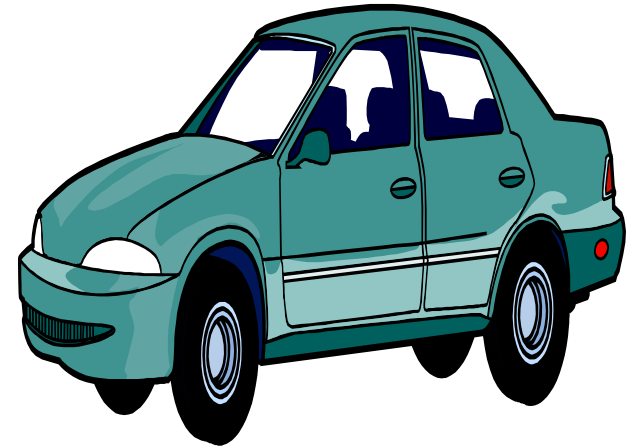
1-800-291-7791 Toll Free, Fax Line

Transportation Center Hours: 8:00 to 5:00 M-F

Personal Mileage

Covered Services

- Mileage and Per Diem associated with travel to necessary medical care which is covered by the Montana Medicaid program. Prior authorization is required.
 - Private Vehicle Use at \$.33 per mile.
 - Closest provider or Center of Excellence.
 - Emergent personal transportation and per diem must be reviewed within 30 days of the treatment.



Per Diem

- Hotel is reimbursed at the rate of \$25 per night, with a receipt, when the trip cannot reasonably be made in a day.
- Meals are reimbursed up to \$15 per day.
- Reimbursement is made to the recipient or their named person, after the trip and appointment has been verified kept.



Mileage and Bus Fare

Service Limitations

- Prior Authorization is required.
- Mileage is approved for the distance to the closest site of services.
- Bus fares are approved to covered services.
- Wheelchair Van or Commercial cannot be approved when client has access to and ability to use the bus.



Covered Services

- Commercial transportation associated with travel to necessary medical care which is covered by the Montana Medicaid program.
 - \$12.36 per ride, one way rides under 16 miles.
 - \$24.72 per round trip <16 miles.
 - \$ 1.04 per mile for trips over 16 miles.

Providers bill ACS for Medicaid payment on approved rides.

Commercial Transportation

Service Limitations

- Prior Authorization is required.
- Approved when client has no other means of transportation.
- Approved when travel requested is to the closest site of services.
- Provider must have Class B Public Service Commission License.

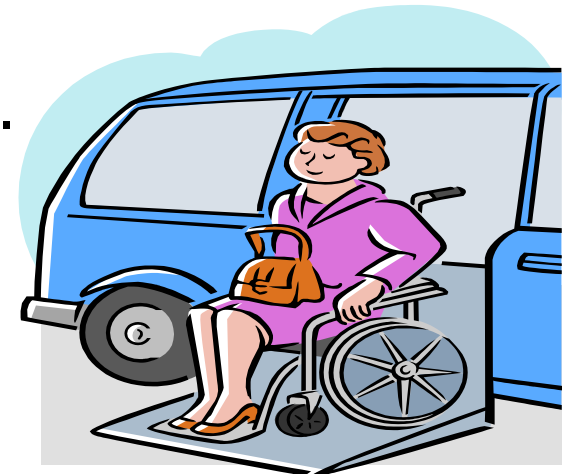


Specialized Transportation

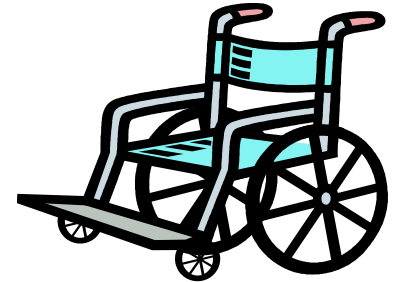
Covered Services

- Specialized Non-emergency transportation associated with travel to necessary medical care which is covered by the Montana Medicaid Program. Prior Authorization required.
 - \$12.36 per ride, one way rides under 16 miles.
 - \$24.72 per round trip <16 miles.
 - \$ 1.04 per mile for trips over 16 miles.

Providers bill ACS for Medicaid payment on approved rides.



Service Limitations



- Prior Authorization is required.
- Approved when client is wheelchair bound and has no other means of transportation.
- Approved when travel requested is to the closest site of services.
- Provider must have Class B Public Service Commission License or be an organization(5310 or 5311 funding) exempt from PSC licensing.

Ambulance



- Medical condition requires transportation by ambulance to the nearest appropriate facility.
- Reviewed for medical necessity.
- Report the trip within 180 days for authorization.
- Direct line for Ambulance review, questions, etc: 1-877-362-5861.
- Ambulance Fax line: 1-877-362-5862.

Travel Attendant

- ❖ Transportation and per diem coverage for an attendant is only available when determined to be medically necessary.
- ❖ Use of an attendant must be prior authorized.
- ❖ Coverage for the attendant is limited to the same standards and fees as the recipients.



- **Provider Websites:**

- <http://www.mtmedicaid.org>

- Click on Resources By Provider Type

- Fee Schedule (current 08/2011)

- Provider Manual

- Click on Provider Newsletters

- Claim Jumper

- MT Access to Health Web Portal

- <https://mtaccesstohealth.acs-shc.com/mt>

- Check eligibility, claim status, Statement of Remittance (eSOR)

- **ACS Provider Relations**

- 800-624-3958 Toll free number
- 406-442-1837 Local Helena number

- **DPHHS Transportation Program Officer**

Jan Paulsen

- 406-444-4189 Phone
- 406-444-1861 Fax



Authorizations

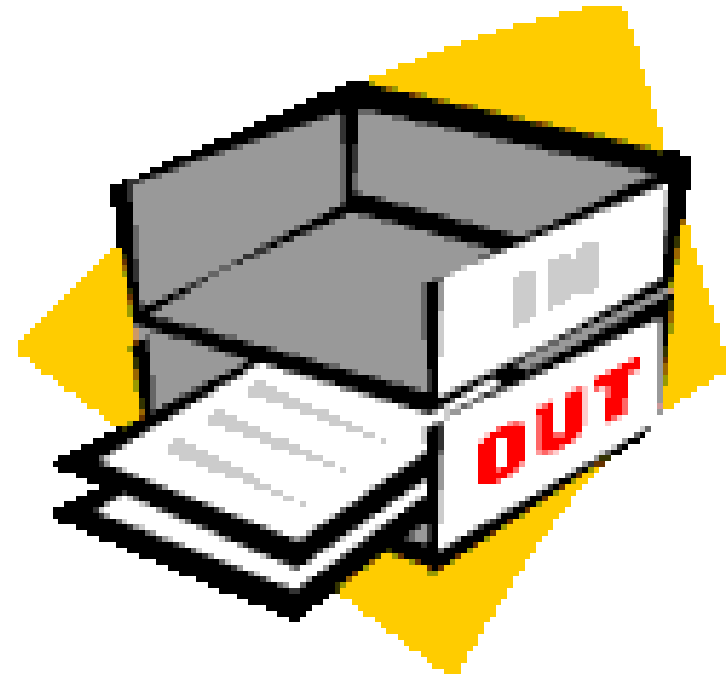
Mountain-Pacific Quality Health
Medicaid Transportation
PO Box 6488
Helena, MT 59604



(800) 292-7114	Call Center Toll Free Number
(800) 291-7791	Toll Free Fax
(877) 362-5861	Ambulance Toll Free line
(877) 362-5862	Ambulance Toll Free Fax Line

Paper Claims

Claims Processing Unit
P.O. Box 8000
Helena, MT 59604



Questions and Answers



THANK YOU!